>
J.
<u>le</u>
twa
Sof
ms
For
Ξ
424
8-2
-998-2424]
-800
높
jc.
ص ص
ij
Z-F
09 EZ
∘

Case 09-05908 Doc 1 Filed 02/24/09 Entered 02/24/09 17:46:05 Desc Main B1 (Official Form 1) (1/08) Document Page 1 of 39

United States Bankruptcy Court Northern District of Illinois Volu						untary Petition	
Name of Debtor (if individual, enter Last, First, Mic Avant, Leonard L	ldle):	Nar	Name of Joint Debtor (Spouse) (Last, First, Middle):				
All Other Names used by the Debtor in the last 8 ye (include married, maiden, and trade names):	ars				e Joint Debtor in trade names)		years
Last four digits of Soc. Sec. or Individual-Taxpayer EIN (if more than one, state all): 2378	I.D. (ITIN) No./Complete		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):				
Street Address of Debtor (No. & Street, City, State of 12914 Page Ct	& Zip Code):	Stre	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):				
Blue Island, IL	ZIPCODE 60406-274	0	ZIPCODE				ZIPCODE
County of Residence or of the Principal Place of Bu Cook	siness:	Соц	unty of Res	idence or of t	he Principal Pla	ce of Busin	ess:
Mailing Address of Debtor (if different from street a	nddress)	Mai	iling Addre	ess of Joint De	ebtor (if differen	t from stree	et address):
	ZIPCODE					2	ZIPCODE
Location of Principal Assets of Business Debtor (if	different from street address	s above):					
						2	ZIPCODE
Type of Debtor (Form of Organization) (Check one box.) ✓ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.) Filing Fee (Check one box of the second of the seco	empt Entite , if applica mpt organi ed States (ode). Che	ty able.) ization und Code (the Debtor is a Debtor is no eck if: Debtor's ag affiliates ard	Cr. Cr. Cr. Cr. Cr. Cr. Cr. Cr. Cr. Small business of a small busi	the Petition the P	n is Filed (Chap Reco Main Chap Reco Non Nature of 1 (Check one y consumer 1 U.S.C. red by an y for a r house- Debtors med in 11 U defined in 1	box.)	
Statistical/Administrative Information Debtor estimates that funds will be available for		reditors.			with 11 U.S.C. §		THIS SPACE IS FOR COURT USE ONLY
✓ Debtor estimates that, after any exempt property distribution to unsecured creditors.	is excluded and administr	ative expei	nses paid, t	mere will be n	o runds availabl	e for	
Estimated Number of Creditors		10,001- 25,000] 5,001- 0,000	50,001- 100,000	Over 100,000	
	000,001 to \$10,000,001 0 million to \$50 million	\$50,000, \$100 mil		00,000,001 \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
Estimated Liabilities		\$50,000,		00,000,001	\$500,000,001 to \$1 billion	More than	

8 Years (If more than two, attach	additional sheet)			
Case Number:	Date Filed:			
Case Number:	Date Filed:			
Affiliate of this Debtor (If mo	ore than one, attach additional sheet)			
Case Number:	Date Filed:			
Relationship:	Judge:			
Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition that I have informed the petitioner that [he or she] may proce chapter 7, 11, 12, or 13 of title 11, United States Code, a explained the relief available under each such chapter. I further that I delivered to the debtor the notice required by § 342(the Bankruptcy Code.				
X /s/ Troy L Gleason	2/24/09			
Signature of Attorney for Debtor(s)	Date			
ibit D each spouse must complete and attached a part of this petition. and a made a part of this petition.	ach a separate Exhibit D.)			
ng the Debtor - Venue				
pplicable box.)	nis District for 180 days immediately			
partner, or partnership pending in	this District.			
	in the United States in this District, roceeding [in a federal or state court] trict.			
es as a Tenant of Residential blicable boxes.) btor's residence. (If box checked, or				
or that obtained judgment)				
adlard or lassor)				
e circumstances under which the d				
	Case Number: Case Number: Case Number: Relationship: Relationship: (To be completed whose debts are part of the petitioner that I have informed the petition chapter 7, 11, 12, or 13 of the explained the relief available unthat I delivered to the debtor and Bankruptcy Code. X /s/Troy L Gleason Signature of Attorney for Debtor(s) Abit C Calleged to pose a threat of immineration and a part of this petition. The deal of this petition. The deal of the debtor - Venue per per per per per per per per per pe			

the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Desc Main

Page 2

Entered 02/24/09 17:46:05

Page 2 of 39

Name of Debtor(s): Avant, Leonard L

Case 09-05908 B1 (Official Form 1) (1/08)

filing of the petition.

(This page must be completed and filed in every case)

Voluntary Petition

Doc 1

Filed 02/24/09

Document

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Avant, Leonard L

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

Doc 1

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

/s/ Leonard L Avant Signature of Debtor

Leonard L Avant

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

February 24, 2009

Χ

Signature of Attorney*



Signature of Attorney for Debtor(s)

Trov L Gleason 6276510 Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 (312) 578-9530 Fax: (312) 578-9524 troy@chicagobk.com

February 24, 2009

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of	Authorized I	ndividual		
Printed Nan	ne of Authoriz	zed Individual		
Title of Aut	horized Indivi	idual		

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- ☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signatu	re of Foreig	n Represen	tative		
 Printed	Name of Fo	reign Renr	ecentative		

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Date

X	
	Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

Printed Name and title, if any, of Bankruptcy Petition Preparer

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Social Security number (If the bankruptcy

Address: X	the Social Second principal, responsible the bankruptcy	er is not an individual, state arity number of the officer, consible person, or partner of petition preparer.) 1 U.S.C. § 110.)
Signature of Bankruptcy Petition Preparer of officer, principal, repartner whose Social Security number is provided above.	esponsible person, or	
Certificate I (We), the debtor(s), affirm that I (we) have received and read the	e of the Debtor us notice.	
Avant, Leonard L Printed Name(s) of Debtor(s)	X /s/ Leonard L Avant Signature of Debtor	2/24/2009 Date
Case No. (if known)	_ X	Date

R6A (Official ECASE) Q9, Q5908	Doc 1	Filed 02/24/09	Entered 02/24/09 17:46:05
Dozi (Official Form Ozi) (12/07)		Document	Page 6 of 39

IN RE Avant, Leonard L

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Case No.

e No. _____

Debtor(s)

DC0t01(s)

(If known)

Desc Main

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				

TOTAL

0.00
(Report also on Summary of Schedules)

B6B (Official Form SB)	₽₽₽₽ ₽5908
------------------------	-------------------

Filed 02/24/09 Document Entered 02/24/09 17:46:05 Page 7 of 39 Desc Main

IN RE Avant, Leonard L

Debtor(s)

Doc 1

Case No. _____(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1.	Cash on hand.	Х			
2.	Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account		1,000.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, include audio, video, and computer equipment.		Normal and necessary household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece		1,000.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6.	Wearing apparel.		Clothing		200.00
7.	Furs and jewelry.	X			
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life - through work - No cash surrender value		0.00
10.	Annuities. Itemize and name each issue.	X			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Retirement TSP		60,000.00 500.00
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	Х			
14.	Interests in partnerships or joint ventures. Itemize.	Х			

Doc 1 Filed 02/24/09 Document

Entered 02/24/09 17:46:05 Desc Main Page 8 of 39

(If known)

IN RE Avant, Leonard L

Debtor(s)

_ Case No. _

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

15 0		Е	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
ot	overnment and corporate bonds and her negotiable and non-negotiable struments.	Х			
16. A	ccounts receivable.	X			
pr de pa	limony, maintenance, support, and roperty settlements in which the botor is or may be entitled. Give articulars.	X			
in	ther liquidated debts owed to debtor cluding tax refunds. Give articulars.	X			
es ex de	quitable or future interest, life states, and rights or powers sercisable for the benefit of the ebtor other than those listed in chedule A - Real Property.	X			
in be	ontingent and noncontingent terests in estate of a decedent, death enefit plan, life insurance policy, or ust.	X			
cla re an	ther contingent and unliquidated aims of every nature, including tax funds, counterclaims of the debtor, and rights to setoff claims. Give stimated value of each.	X			
	atents, copyrights, and other tellectual property. Give particulars.	X			
ge	icenses, franchises, and other eneral intangibles. Give particulars.	X			
in 10 in ob th	ustomer lists or other compilations ontaining personally identifiable formation (as defined in 11 U.S.C. § 01(41A)) provided to the debtor by dividuals in connection with otaining a product or service from the debtor primarily for personal, mily, or household purposes.	X			
	utomobiles, trucks, trailers, and her vehicles and accessories.	X			
26. B	oats, motors, and accessories.	X			
	ircraft and accessories.	X			
su	ffice equipment, furnishings, and applies.	X			
	fachinery, fixtures, equipment, and applies used in business.	X			
30. In	ventory.	X			
	nimals.	X			
	rops - growing or harvested. Give articulars.	X			

BGB (Official ECASE) 99.05908	Doc 1	Filed 02/24/09	Entered 02/24/09 17:46:05	Desc Main
DOD (Official Form OD) (12/07) - Cont.		Document	Page 9 of 39	

Debtor(s)

IN RE Avant, Leonard L Case No. _____

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	Х			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	Х			
not uncludy instead. Reminze.				
		TO	ΓAL	62,700.00

@ 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

(If known)

Filed 02/24/09 Document Entered 02/24/09 17:46:05 Page 10 of 39 Desc Main

(If known)

IN RE Avant, Leonard L

Document Page

Case No. _

Debtor(s)

Doc 1

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: (Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE B - PERSONAL PROPERTY			2
Checking Account	735 ILCS 5 §12-1001(b)	1,000.00	1,000.00
Normal and necessary household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	1,000.00	1,000.00
Retirement	735 ILCS 5 §12-1006(a)	60,000.00	60,000.00
TSP	735 ILCS 5 §12-1006(a)	500.00	500.00

Document

Entered 02/24/09 17:46:05 Page 11 of 39

Desc Main

(If known)

IN RE Avant, Leonard L

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Case No.

Debtor(s)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.								
		1						
				İ	Ì	İ		
			Value \$	1				
A COOLINE NO				T				
ACCOUNT NO.								
		l						
		l						
	1	1	Value \$	1				
			Time y	╁	\vdash	-		
ACCOUNT NO.								
		ļ						
						ł		
		l	V-1 Ø	┨				
			Value \$	╄				
ACCOUNT NO.								
				ĺ				
		ļ		1				
			Value \$					
				Sub	tot	al		
0 continuation sheets attached			(Total of the	is p	age	e)	\$	\$
					Γot			
			(Use only on la	ıst p	age	e)	\$	\$
							(Report also on Summary of	(If applicable, report also on Statistical
							Schedules.)	Summary of Certain
								Liabilities and Related Data.)

1 continuation sheets attached

Filed 02/24/09 Document Entered 02/24/09 17:46:05 Page 12 of 39

Case No.

Desc Main

IN RE Avant, Leonard L

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. © 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations** Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). **Deposits by individuals** Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). **▼** Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Debtor(s)

IN RE Avant, Leonard L

Document

_ Case No. _

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Taxes and Other Certain Debts Owed to Governmental Units

(Continuation Sheet)

(Type of Priority for Claims Listed on This Sheet)

			(Type of Phorny for Claims Listed on This Sheet	,						
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
ACCOUNT NO.	T		Taxes							
Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326							60,000.00	60,000.00		
ACCOUNT NO.										
ACCOUNT NO.	-									
ACCOUNT NO.	_									
ACCOUNT NO.	_									
ACCOUNT NO.	-									
Sheet no1 of1 continuation sheets Schedule of Creditors Holding Unsecured Priority	att Cla	ached aims	to (Totals of th		age	e)	\$ 60,000.00	\$ 60,000.00	\$	
(Use only on last page of the comp	plete	ed Sch	nedule E. Report also on the Summary of Sch		Fota iles		\$ 60,000.00)		
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.) \$ 60,000.00 \$										

BGF (Official FCASE Q90Q5908	Doc 1	Filed 02/24/09	Entered 02/24/09 17:46:05	Desc Main
501 (OHICIM 1 0111 01) (12(07)		Document	Page 14 of 39	

IN RE Avant, Leonard L

Case No.

Debtor(s)

(If known)

Total

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical

Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED CONTINGENT CODEBTOR DISPUTED CREDITOR'S NAME, MAILING ADDRESS AMOUNT DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, AND ACCOUNT NUMBER. CONSIDERATION FOR CLAIM. IF CLAIM IS OF CLAIM (See Instructions Above.) SUBJECT TO SETOFF, SO STATE Loan ACCOUNT NO. Americash Loan 880 Lee St Ste 302 Des Plaines, IL 60016-6487 1,275.00 Installment account opened 6/07 ACCOUNT NO. 1646689 Cashcall Inc 1600 S Douglass Rd Anaheim, CA 92806-5998 5,032.00 ACCOUNT NO. 207910141 Installment account opened 3/05 Chicago P O Emp Cr Un 10025 S Western Ave Chicago, IL 60643-1925 419.00 Assignee or other notification for: ACCOUNT NO. Chicago P O Emp Cr Un CU Recovery 26263 Forest Blvd Wyoming, MN 55092-8033 Subtotal 6,726.00 3 continuation sheets attached (Total of this page)

Filed 02/24/09 Document

Entered 02/24/09 17:46:05 Page 15 of 39

Desc Main

IN RE Avant, Leonard L

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Document Page 13 01 3

Case No. ____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 539802439			Medical or Dental Bill	H		-	
Christ Hospital Attn Patient Accts 4440 W 95th St Oak Lawn, IL 60453-2600							444.00
A COCCUMENTO			Open account appned 12/04	\vdash			444.00
ACCOUNT NO.			Open account opened 12/04				
Comcast							83.00
ACCOUNT NO.			Assignee or other notification for:				
Credit Protection Asso PO Box 802068 Dallas, TX 75380-2068			Comcast				
ACCOUNT NO.			Collections				
Cottonwood Financial 1901 Gateway Dr Ste 200 Irving, TX 75038-2425							1,064.50
ACCOUNT NO.			Loan				1,064.50
First Cash Advance 12601 Western Ave Blue Island, IL 60406-1749							500.00
A GGOVINTA VO			Collections			\dashv	500.00
ACCOUNT NO. Gregory Emergency Phys PO Box 7428 Philadelphia, PA 19101-7428			Conections				
							264.00
ACCOUNT NO. Nco Financial 507 Prudential Rd Horsham, PA 19044-2308			Assignee or other notification for: Gregory Emergency Phys				
Sheet no1 of3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of th	Sub is p			\$ 2,355.50
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the St Summary of Certain Liabilities and Relate	als atis	tica	n ıl	\$

Filed 02/24/09 Document

Doc 1

Entered 02/24/09 17:46:05 Page 16 of 39

Desc Main

(If known)

IN RE Avant, Leonard L

Debtor(s)

Case No.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(Continuation Sheet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIOUIDATED	DISPITTED	AMOUNT OF CLAIM	
ACCOUNT NO. 5489555119270124			Revolving account opened 2/06	\dagger				
Hsbc Bank PO Box 5253 Carol Stream, IL 60197-5253							667	7 00
ACCOUNT NO. 5488975027829558			Revolving account opened 6/02	+			007	
Hsbc Bank PO Box 5253 Carol Stream, IL 60197-5253			3					
				+			567	' .00
ACCOUNT NO. 5485060000515616 Hsbc Bank PO Box 5253 Carol Stream, IL 60197-5253	_		Revolving account opened 8/02				290	
ACCOUNT NO.			Loan	+			389	.00
Illinois Lending Corporation 408 N Wells St Chicago, IL 60654-2711							1,883	8 00
ACCOUNT NO. 11355			Installment account opened 4/08	+			1,000	
Loan Express 28 E Jackson Blvd Ste 1324 Chicago, IL 60604-2327			·					- 00
ACCOUNT NO.			Open account opened 11/07	+			785	.00
Med1 02 Gregory Emergency Physicians								
ACCOUNT NO	-		Assignee or other notification for:	+	-	+	264	.00
ACCOUNT NO. Nco Fin /99 507 Prudential Rd Horsham, PA 19044-2308			Med1 02 Gregory Emergency Physicians					
Sheet no. 2 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			[(Total of		pag	ge)	\$ 4,555	5.00
			(Use only on last page of the completed Schedule F. Rep the Summary of Schedules, and if applicable, on the	rt al		on	6	

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Summary of Certain Liabilities and Related Data.) \$

Document

Page 17 of 39

Doc 1 Filed 02/24/09 Entered 02/24/09 17:46:05 Desc Main

(If known)

IN RE Avant, Leonard L

Debtor(s)

_ Case No. _

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		((Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4120613054530073			Revolving account opened 11/04	H		H	
Merrick Bank PO Box 23356 Pittsburgh, PA 15222-6356							1,007.00
ACCOUNT NO.	-		Open account opened 11/07	┢		H	1,007.00
Most Funding li Llc.							
ACCOUNT NO.			Assignee or other notification for:	_		H	165.00
Fms Inc 4915 S Union Ave Tulsa, OK 74107-7839			Most Funding li Llc.				
ACCOUNT NO.			Loan				
Payday Loan Store 9920 S Western Ave Chicago, IL 60643-1831							582.00
ACCOUNT NO.			Loan				302.00
Payday Loan Store 1659 Sibley Blvd Calumet City, IL 60409-2218							
ACCOUNT NO.			Loan	H			582.00
Suburban Emergency Phys Group PO Box 2729 Carol Stream, IL 60132-0001							
ACCOUNT NO.			Loan	H		H	185.00
Sun Cash 5800 W North Ave Chicago, IL 60639-4041							
						Ц	250.00
Sheet no. 3 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the	Sub is p			\$ 2,771.00
			(Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	t als	tica	n al	\$ 16,407.50

Filed 02/24/09 Document Entered 02/24/09 17:46:05 Page 18 of 39 Desc Main

(If known)

IN RE Avant, Leonard L

Debtor(s)

Case No.

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status	DEPENDENTS OF DEBTOR AND SPOUSE					
Single	RELATIONSHIP(S):				AGE(S): 15 18	
EMPLOYMENT:	DEBTOR			SPOUSE		
Occupation Name of Employer How long employed Address of Employer	Office					
	ge or projected monthly income at time case filed)			DEBTOR		SPOUSE
 Current monthly gross wage Estimated monthly overtime 	s, salary, and commissions (prorate if not paid month	hly)	\$ \$	4,317.67	\$ \$	
3. SUBTOTAL			\$	4,317.67	\$	
4. LESS PAYROLL DEDUCT	TIONS			<u> </u>		
a. Payroll taxes and Social Se	ecurity		\$	644.56		
b. Insurance			\$	368.33	\$	
c. Union dues	innort.		\$	507.00	\$	
d. Other (specify) Child Su	рроп		\$	507.00	\$	
5. SUBTOTAL OF PAYROL	L DEDUCTIONS		\$	1,519.89	\$	
6. TOTAL NET MONTHLY			\$	2,797.78		
7. Regular income from operat	ion of business or profession or farm (attach detailed	1 statement)	\$		\$	
8. Income from real property	((\$		\$	
9. Interest and dividends			\$		\$	
	upport payments payable to the debtor for the debtor	r's use or	_			
that of dependents listed above 11. Social Security or other go			\$		\$	
	veriment assistance		\$		\$	
(Speeny)			\$		\$	
12. Pension or retirement incor	ne		\$		\$	
13. Other monthly income						
			\$		\$	
			\$		\$	
			Ψ		Ψ	
14. SUBTOTAL OF LINES 7	THROUGH 13		\$		\$	
15. AVERAGE MONTHLY	INCOME (Add amounts shown on lines 6 and 14)		\$	2,797.78	\$	
16. COMBINED AVERAGE if there is only one debtor repe	MONTHLY INCOME: (Combine column totals f at total reported on line 15)	From line 15;		\$	2,797.7	<u>78</u>

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None**

(If known)

@ 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Debtor(s)

_ Case No. _

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUA	L DEBTOR(S)
Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may on Form22A or 22C.	
Check this box if a joint petition is filed and debtor's spouse maintains a separate househ expenditures labeled "Spouse."	old. Complete a separate schedule of
 Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? Yes No _✓ 	\$900.00
b. Is property insurance included? Yes No	
2. Utilities:	
a. Electricity and heating fuel	\$ 250.00
b. Water and sewer	\$
c. Telephone	\$100.00
d. Other	\$
	<u> </u>
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 600.00
5. Clothing6. Laundry and dry cleaning	\$ <u>100.00</u> \$
7. Medical and dental expenses	\$ <u>100.00</u> \$ 100.00
8. Transportation (not including car payments)	\$ 200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>200.00</u>
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	Ψ
a. Homeowner's or renter's	\$
b. Life	\$
c. Health	\$
d. Auto	\$
e. Other Irs Repayment	\$\$
	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
10 X + 11 + 11 + 11 + 12 + 13 + 13 + 13 + 13	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in	the plan)
a. Auto	\$
b. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other Personal Care & Grooming	\$
Bank Fee And Postage	\$ 40.00
	\$
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedu	ıles and, if
applicable, on the Statistical Summary of Certain Liabilities and Related Data.	\$\$
19. Describe any increase or decrease in expenditures anticipated to occur within the year following	ing the filing of this document:
None	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 2,797.78
b. Average monthly expenses from Line 18 above	\$\$
c. Monthly net income (a. minus b.)	\$ 7.78

(If known)

(Print or type name of individual signing on behalf of debtor)

IN RE Avant, Leonard L

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Debtor(s)

Case No.

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **18** sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: February 24, 2009 Signature: /s/ Leonard L Avant Debtor **Leonard L Avant** Signature: (Joint Debtor, if any) [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of ______ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief. Signature:

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Document Page 21 of 39 **United States Bankruptcy Court**

Northern District of Illinois

IN RE:		Case No
Avant, Leonard L		Chapter 7
·	Debtor(s)	1

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. I1 U.S.C. § 101.

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

52,000.00 2008 income from employment

71,689.00 2007 income from employment

4,317.00 2009 Income from employment (monthly)

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	Case 09-05908 Doc 1 Filed 02/24/09 Entered 02/24/09 17:46:05 Desc Main
None	b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
None	c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
4. Su	its and administrative proceedings, executions, garnishments and attachments
None	a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
None	b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
5. Re	possessions, foreclosures and returns
None	List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
6. As	signments and receiverships
None	a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)
None	b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
7. Gif	its
	List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
8. Lo	sses
None	List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case . (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not

a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

376.00

10. Other transfers

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

List all property owned by another person that the debtor holds or controls.



15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

 \checkmark

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

V

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: February 24, 2009	Signature /s/ Leonard L Avant	
	of Debtor	Leonard L Avant
Date:	Signature	
	of Joint Debtor	
	(if any)	
	0 continuation pages attached	

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

B6 Summary (Case 09-05908 Doc 1

Filed 02/24/09

Entered 02/24/09 17:46:05 Desc Main

Document Page 25 of 39 United States Bankruptcy Court **Northern District of Illinois**

IN RE:		Case No
Avant, Leonard L		Chapter 7
·	Debtor(s)	•

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 62,700.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 60,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		\$ 16,407.50	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 2,797.78
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,790.00
	TOTAL	16	\$ 62,700.00	\$ 76,407.50	

Form 6 - Statistical Summary (12/07)

Doc 1 Filed 02/24/09

Entered 02/24/09 17:46:05

Page 26 of 39

Desc Main

Document United States Bankruptcy Court **Northern District of Illinois**

IN RE:		Case No.
Avant, Leonard L		Chapter 7
	Debtor(s)	•

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 60,000.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 60,000.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 2,797.78
Average Expenses (from Schedule J, Line 18)	\$ 2,790.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C	
Line 20)	\$ 4,317.67

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 60,000.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 16,407.50
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 16,407.50

Case 09-05908 Doc 1 B1D (Official Form 1, Exhibit D) (12/08)

Filed 02/24/09 Entered 02/24/09 17:46:05 Desc Main

Document Page 27 of 39 United States Bankruptcy Court

Northern Distri	ct of Illinois
IN RE:	Case No
Avant, Leonard L	Chapter 7
Debtor(s) EXHIBIT D - INDIVIDUAL DEBTOR'S WITH CREDIT COUNSEI	
Warning: You must be able to check truthfully one of the five stated so, you are not eligible to file a bankruptcy case, and the court whatever filing fee you paid, and your creditors will be able to resumd you file another bankruptcy case later, you may be required to stop creditors' collection activities.	can dismiss any case you do file. If that happens, you will lose sume collection activities against you. If your case is dismissed
Every individual debtor must file this Exhibit D. If a joint petition is file one of the five statements below and attach any documents as directed	
1. Within the 180 days before the filing of my bankruptcy case , the United States trustee or bankruptcy administrator that outlined the performing a related budget analysis, and I have a certificate from the a certificate and a copy of any debt repayment plan developed through	e opportunities for available credit counseling and assisted me in agency describing the services provided to me. Attach a copy of the
2. Within the 180 days before the filing of my bankruptcy case , the United States trustee or bankruptcy administrator that outlined the performing a related budget analysis, but I do not have a certificate from a copy of a certificate from the agency describing the services provided the agency no later than 15 days after your bankruptcy case is filed.	e opportunities for available credit counseling and assisted me in m the agency describing the services provided to me. <i>You must file</i>
3. I certify that I requested credit counseling services from an appr days from the time I made my request, and the following exigent c requirement so I can file my bankruptcy case now. [Summarize exigent	circumstances merit a temporary waiver of the credit counseling
If your certification is satisfactory to the court, you must still obta you file your bankruptcy petition and promptly file a certificate from of any debt management plan developed through the agency. Failu case. Any extension of the 30-day deadline can be granted only for also be dismissed if the court is not satisfied with your reasons for counseling briefing.	m the agency that provided the counseling, together with a copy are to fulfill these requirements may result in dismissal of your cause and is limited to a maximum of 15 days. Your case may
4. I am not required to receive a credit counseling briefing because motion for determination by the court.]	of: [Check the applicable statement.] [Must be accompanied by a
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by r of realizing and making rational decisions with respect to finan	
	mpaired to the extent of being unable, after reasonable effort, to
5. The United States trustee or bankruptcy administrator has detern does not apply in this district.	nined that the credit counseling requirement of 11 U.S.C. § 109(h)
I certify under penalty of perjury that the information provided above	is true and correct.

Date: February 24, 2009

Signature of Debtor: /s/ Leonard L Avant

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Doc 1

Filed 02/24/09 Entered 02/24/09 17:46:05 Desc Main Document Page 28 of 39 United States Bankruptcy Court

Northern District of Illinois

IN RE:			Case No.		
Avant, Leonard L		Chapter 7			
	Debtor(s)		.		
CHAPTE	R 7 INDIVIDUAL DEBT	OR'S STATEME	NT OF INTENTION		
PART A – Debts secured by proper estate. Attach additional pages if no		e fully completed fo	r EACH debt which is secured by property of the		
Property No. 1					
Creditor's Name:		Describe Proper	ty Securing Debt:		
Property will be (check one): Surrendered Retained					
If retaining the property, I intend to Redeem the property Reaffirm the debt Other. Explain	o (check at least one):	(fo	e example, avoid lien using 11 U.S.C. § 522(f)).		
Property is (check one): ☐ Claimed as exempt ☐ Not one):	claimed as exempt				
Property No. 2 (if necessary)					
Creditor's Name:		Describe Proper	Describe Property Securing Debt:		
Property will be (check one): Surrendered Retained If retaining the property, I intend to Redeem the property Reaffirm the debt	o (check at least one):	(5)			
☐ Other. Explain Property is (check one): ☐ Claimed as exempt ☐ Not one)	claimed as exempt	(10]	r example, avoid lien using 11 U.S.C. § 522(f)).		
PART B – Personal property subject additional pages if necessary.)	t to unexpired leases. (All three	columns of Part B m	ust be completed for each unexpired lease. Attach		
Property No. 1					
Lessor's Name:	Describe Leased	l Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ Yes ☐ No		
Property No. 2 (if necessary)					
Lessor's Name:	Describe Leased	l Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ Yes ☐ No		
continuation sheets attached (i	f any)				
I declare under penalty of perjur personal property subject to an u		intention as to any	y property of my estate securing a debt and/or		
Date: February 24, 2009	/s/ Leonard L Avai Signature of Debtor				

Signature of Joint Debtor

Case 09-05908 Doc 1 Filed 02/24/09 Entered 02/24/09 17:46:05 Desc Main Document Page 29 of 39 United States Bankruptcy Court Northern District of Illinois

Avant, Leonard L

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors _____21

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: February 24, 2009

/s/Leonard L Avant
Debtor

Joint Debtor

Case 09-05908 Doc 1 Filed 02/24/09 Entered 02/24/09 17:46:05 Desc Main Document Page 30 of 39

Avant, Leonard L 12914 Page Ct Blue Island, IL 60406-2740 Document Fms Inc 4915 S Union Ave Tulsa, OK 74107-7839

Payday Loan Store 1659 Sibley Blvd Calumet City, IL 60409-2218

Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 Gregory Emergency Phys PO Box 7428 Philadelphia, PA 19101-7428 Suburban Emergency Phys Group PO Box 2729 Carol Stream, IL 60132-0001

Americash Loan 880 Lee St Ste 302 Des Plaines, IL 60016-6487 Hsbc Bank PO Box 5253 Carol Stream. IL 60197-5253 Sun Cash 5800 W North Ave Chicago, IL 60639-4041

Cashcall Inc 1600 S Douglass Rd Anaheim, CA 92806-5998

Illinois Lending Corporation 408 N Wells St Chicago, IL 60654-2711

Chicago P O Emp Cr Un 10025 S Western Ave Chicago, IL 60643-1925 Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326

Christ Hospital Attn Patient Accts 4440 W 95th St Oak Lawn, IL 60453-2600

Loan Express 28 E Jackson Blvd Ste 1324 Chicago, IL 60604-2327

Cottonwood Financial 1901 Gateway Dr Ste 200 Irving, TX 75038-2425 Merrick Bank PO Box 23356 Pittsburgh, PA 15222-6356

Credit Protection Asso PO Box 802068 Dallas, TX 75380-2068 Nco Fin /99 507 Prudential Rd Horsham, PA 19044-2308

CU Recovery 26263 Forest Blvd Wyoming, MN 55092-8033 Nco Financial 507 Prudential Rd Horsham, PA 19044-2308

First Cash Advance 12601 Western Ave Blue Island, IL 60406-1749 Payday Loan Store 9920 S Western Ave Chicago, IL 60643-1831

Form 1040	Depart		iled 02/24/09 Degument	Page 31	of 39	
Label A	Forth	e year Jan. 1- Dec. 31, 2007, or other tax year beginning	, 2007, ending	. 20		or staple in this space.
В						MB No. 1545-0074 cial security number
Use the Ei		ONARD AVANT				23 8
. н		914 S PAGE CT APT. 2E		1		's social security numbe
Otherwise, E	вь	JE ISLAND, IL 60406-2996			-,	o occidi security numbe
E					A	You MUST enter
Presidential L	 -				Chec	king a box below will not inge your tax or refund.
Clection Camp	aign	Check here if you, or your spouse if filing jointly, wa	nt \$3 to go to this fund (see	page 12) ▶	X Y	ou Spouse
Filing Statu	s '	⊢ Single	4 X Head of	household (with a	ualifying r	person). (See page 13.)
Check only one box.	3	Married filing jointly (even if any one had income). Married filing separately. Enter spouse's SSR above & full	ifthequa Bamebelow 8hild's na	lifying person is a ch me here. ▶	ild but not y	our dependent, enter this
Evamations	6a	Yourself. If someone can claim you as a depend	ent do not check bay 6a	ig widow(er) with i	dependen	t child (see page 14)
Exemptions	_ <u>_b</u>	Spouse	one and totalleck passag			· on 6a and 6b
	c	Dependents:	(2) Dependent's	(3) Dependent	s (4). /	No. of children
		(1) First name Last name	social security number	relationship to	chile	if qual. ● lived with you 2 d for
Ifmore	JIN	MY AVANT	336-84-2564	SON	child	tax cr. ● did not live with you due to divorce
than four dependents.	GEF	RIE AVANT	332-88-2772	DAIICUTED	- +	or separation
see page 15.			00 2,72	DAUGHIER	- 3	Dependents on 6c not
					\dashv	entered above
	d	Total number of exemptions claimed				Add numbers on lines
	7	Wages, salaries, tips, etc. Attach Form(s)₩-2	*************************************	" · · · · · ·	·viin	above 3
Income			*		/////	
	8	Taxable interest. Attach Schedule & Frequired	f 		-7	71,689.
Attach Form(s)		Tax-exempt interest. Do not include on line 8a			8a	
W-2 here. Also	9	Ordinary dividends. Attach Schedule B if required	- 8b		////	
attach Forms W-2G and	1	Qualified dividends (see page 19)	· · · · · · · · · · · · · · · · · · ·	$(x_1, x_2, x_3, x_4, x_4, x_4, x_4, x_4, x_4, x_4, x_4$. 9a	
1099-R if tax	10	Taxable refunds, credits, or offsets of state and local	· · · <u>9b</u>		\{///	
was withheld.	11	Alimony received	income taxes (see page 20)	. 10	
	12	Business income or (loss). Attach Schedule C or C-E	· · · · · · · ·	$(x_1, \dots, x_n) \in \mathcal{A}_{n-1}$	11	
	13	Capital gain/(loss). Attach Sch D. If not required, check	· · · · · · · · · · · · · · · · · · ·		12	
	14	Other gains or (loss): Attach Form 4797	here	≻ L		
f you did not get a W-2,		IDA at the control of			. 14	
see page 19.		_	b Taxable amt.		. 15b	
. •	17		b Taxable amt		. 16b	4,100.
Enclose, but do	18	Rental real estate, royalities, partnerships, S corporati Farm income or (loss). Attach Schedule F		ıed ule E	17	
not attach, any	19	Unemployment compensation		. 🕮	. 18	
ayment. Also,					. 19	
lease use orm 1040 - V.	21		b Taxable amt		20ь	
•••		Other income. List type and amount (see page 24)			_ /////	
	22	Add the amountain the familiation			21	
	23	Add the amounts in the far right column for lines 7 thro	ugh 21. This is your total in	come	▶ 22	75,789.
Adjusted	24	Educator expenses (see page 26)	23			
Gross		Certain business expenses of reservicts, performing to	ittists, and			
ncome	25	fee- basis government officials. Affach Form 2106 or 2	106- EZ 24			
	25 26	Health savings account deduction. Attach Form 8889	25			
	27	Moving expenses. Attach Form 3903	26			
		One- half of self- employment tax. Attach Schedule St	27			
	28	Self- employed SEP, SIMPLE, and qualified plans	_28			
	29	Self-employed health insurance deduction (see page	26) 29			
	30	Penalty on early withdrawal of savings.	30			
		Alimonypaid b Recipient's SSN ▶	31a			
	32	IRA deduction (see page 27)	32			
	33	Student loan interest deduction (see page 30)	33			
	34	Tuition and fees deduction. Attach Form 8917.	34			
	35	Domestic production activities deduction. Attach Form	8903 35			
	36	Add lines 23 through 31a and 32 through 35	- 		20	
	37	Subtract line 36 from line 22. This is your adjusted gros	sa Income		36	75 700
3A For Disclos	ure. P	rivacy Act and Panenwork Poduction Acetical		<u> </u>	37	75,789.

Desc Main

75,789. Form 1040 (2007)

1040 (2007)
Form Software Copyright 1996 - 2008 H&R Block Tax Services, Inc.

37 Subtract line 36 from line 22. This is your adjusted gross income
KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83.

Case 09-05908 Doc 1 Filed 02/24/09 Entered 02/24/09 17:46:05 Desc Main

Amount from line 37 (adjusted gross income). Amount from line 37 (adjusted gross income). Check	38 40 41 42 43 44 45 46 56 57 58 59 00 61 62	7,850 67,939 10,200 57,739 9,606 9,606 410.
Total boxes if: Spouse was born before January 2, 1943, Blind. Checked ▶ 39a If your spouse Itemizes on a separate return or you were a dual-status alien, see pg 31 & check here ▶ 39b Itemized deductions (from Schedule A) or your standard deduction (see left margin) Subtract line 40 from line 38 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 Taxable income, Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0- Tax. Check if any tax is from ★ Form(s) 8814 b Form 4872 c Form(s) 8889 Alternative minimum tax (see page 36). Attach Form 6251 Add lines 44 and 45 Credit for child and dependent cate expenses. Attach Form 2441 Credit for the elderly or the disabled. Attach Schedule R Education credits. Attach Form 8863 Residential energy credits. Attach Form 5695 Foreign tax credit. Attach Form 1116 if required Child tax credit (see page 39). Attach Form 8901 if required Credits from: a Form 8396 b Form 8859 c Form 8839 Credits from: a Form 8396 b Form 8859 c Form 8839 Other oredits. Through 55. These are your total credits. Subtract line 56 from line 46. If line 58 is more than line 40, enter - 0- Self- employment tax. Attach Schedule SE Unreported social security and Medicare tax from: a Form 437 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5309 if required.	40 41 42 43 44 45 46 0. 56 57 58 59 0. 60 61 62	7,850 67,939 10,200 57,739 9,606 9,606
if: Spouse was born before January 2, 1943, Blind. checked ▶ 39a if your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here ▶ 39b Itemized deductions (from Schedule A) or your standard deduction (see left margin) Subtract line 40 from line 38 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0- Tax. Check if any tax is from ★ Form(s) 8814 b Form 4872 c Form(s) 8889 Alternative minimum tax (see page 36). Attach Form 6251 Add lines 44 and 45 Credit for child and dependent cate expenses. Attach Form 2441 Credit for the elderly or the disabled. Attach Schedule R Education credits. Attach Form 8863 Residential energy credits. Attach Form 5695 Foreign tax credit. Attach Form 1116 if required Child tax credit (see page 39). Attach Form 8901 if required Child tax credit (see page 39). Attach Form 8901 if required Self employment tax in Form 8396 b Form 8859 c Form 8839 Other a form b Form 8396 b Form 8859 c Form 8839 Subtract line 56 from line 46. If line 58 is more than line 40, enter - 0- Self- employment tax. Attach Schedule SE Unreported social security and Medicare tax from: a Form 437 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5309 if required	40 41 42 43 44 45 46 0. 56 57 58 59 0. 60 61 62	7,850 67,939 10,200 57,739 9,606 9,606
Itemized deductions (from Schedule A) or your standard deduction (see left margin) Itemized deductions (from Schedule A) or your standard deduction (see left margin) Subtract line 40 from line 38 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0- Tax. Check if any tax is from	40 41 42 43 44 45 46 0. 56 57 58 59 0. 60 61 62	950. 8,656.
Itemized deductions (from Schedule A) or your standard deduction (see left margin) Subtract line 40 from line 38 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0- Tax. Check if any tax is from	40 41 42 43 44 45 46 0. 56 57 58 59 0. 60 61 62	950. 8,656.
Itemized deductions (from Schedule A) or your standard deduction (see left margin) Subtract line 40 from line 38 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0- Tax. Check if any tax is from	40 41 42 43 44 45 46 0. 56 57 58 59 0. 60 61 62	950. 8,656.
If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 Taxable income, Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0- Tax. Check if any tax is from	41 42 43 44 45 46 56 57 58 59 00 60 61 62	950. 8,656.
If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 Taxable income, Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0- Tax. Check if any tax is from	41 42 43 44 45 46 56 57 58 59 00 60 61 62	950. 8,656.
If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0- Tax. Check if any tax is from	42 43 44 45 ► 46 ► 56 ► 57 58 59 00 61 62	10,200 57,739 9,606 9,606
Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41. enter - 0- Tax. Check if any tax is from Form(s) 8814 b Form 4872 c Form(s) 8889. Alternative minimum tax (see page 36). Attach Form 6251. Add lines 44 and 45. Credit for child and dependent care expenses. Affect Form 2441. Credit for the elderly or the disabled. Attach Schedule R. Education credits. Attach Form 8863. Residential energy credits. Attach Form 5695. Foreign tax credit. Attach Form 1116 if required. Child tax credit (see page 39). Attach Form 8901 if required. Child tax credit (see page 39). Attach Form 8901 if required. Setirement savings contributions credit. Attach Form 8880. Credits from: a Form 8396 b Form 8859 c Form 8839. Check if from b Form 8396 b Form 8859 c Form 8839. Subtract line 56 from line 46. If line 58 is more than line 40, enter - 0- Self- employment tax. Attach Schedule SE. Unreported social security and Medicare tax from: a Form 839 if Form 8919. Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5339 if required.	42 43 44 45 ▶ 46 0. 56 ▶ 57 58 59 0. 61 62	57,739 9,606 9,606 9,606
Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0- Tax. Check if any tax is from	43 44 45 46 0. 56 ► 57 58 59 0. 60 61 62	57,739 9,606 9,606 9,606
Alternative minimum tax (see page 36). Attach Form 6251 Alternative minimum tax (see page 36). Attach Form 6251 Add lines 44 and 45 Credit for child and dependent care expanses. Attach Form 2441 47 Credit for the elderly or the disabled. Attach Schedule R. Education credits. Attach Form 8863 Residential energy credits. Attach Form 5695 Foreign tax credit. Attach Form 1116 if required Child tax credit (see page 39). Attach Form 8901 if required 51 Child tax credit (see page 39). Attach Form 8901 if required 52 95 Retirement savings contributions credit. Attach Form 8880 53 Credits from: a Form 8396 b Form 8859 c Form 8839 Other ordits: a Form 8396 b Form 839 c Form 8839 Add lines 47 through 55. The same your 18 at credits Subtract line 56 from line 46. If line 56 is more than line 46, enter - 0- Self- employment tax. Attach Schedule SE Unreported social security and Medicare tax from: a Form 839 in Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5339 if required.	43 44 45 46 0. 56 ► 57 58 59 0. 60 61 62	57,739 9,606 9,606 9,606
Alternative minimum tax (see page 36). Attach Form 6251 Alternative minimum tax (see page 36). Attach Form 6251 Add lines 44 and 45 Credit for child and dependent care expanses. Attach Form 2441 47 Credit for the elderly or the disabled. Attach Schedule R. Education credits. Attach Form 8863 Residential energy credits. Attach Form 5695 Foreign tax credit. Attach Form 1116 if required Child tax credit (see page 39). Attach Form 8901 if required 51 Child tax credit (see page 39). Attach Form 8901 if required 52 95 Retirement savings contributions credit. Attach Form 8880 53 Credits from: a Form 8396 b Form 8859 c Form 8839 Other ordits: a Form 8396 b Form 839 c Form 8839 Add lines 47 through 55. The same your 18 at credits Subtract line 56 from line 46. If line 56 is more than line 46, enter - 0- Self- employment tax. Attach Schedule SE Unreported social security and Medicare tax from: a Form 839 in Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5339 if required.	0 .	9,606 9,606 9,606 950. 8,656.
Add lines 44 and 45 Credit for child and dependent care expanses. Attach Form 2441 Add lines 44 and 45 Credit for the elderly or the disabled. Attach Schedule R. Education credits. Attach Form 8863 Residential energy credits. Attach Form 5695 Foreign tax credit. Attach Form 1116 if required Child tax credit (see page 39). Attach Form 8901 if required Child tax credit (see page 39). Attach Form 8901 if required Child tax credit (see page 39). Attach Form 8901 if required Scheduler ment savings contributions credit. Attach Form 8880 Toredits from: a Form 8396 b Form 8859 c Form 8839 Credits from: a Form 8396 b Form 8859 c Form 8839 Add lines 47 through 55. The same your 1818 credits Subtract line 56 from line 46. If line 56 is more than line 46, enter - 0- Self- employment tax. Attach Schedule SE Unreported social security and Medicare tax from: a Form 839 in Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5339 if required.	0 .	9,606 950. 8,656.
Add lines 44 and 45 Credit for child and dependent care expenses. Affach Form 2441 Credit for the elderly or the disabled. Attach Schedule R. 48 Education credits. Attach Form 8863 49 Residential energy credits. Attach Form 5695 50 Foreign tax credit. Attach Form 1116 if required 51 Child tax credit. Attach Form 1116 if required 52 Child tax credit (see page 39). Attach Form 8901 if required 52 Setirement savings contributions credit. Attach Form 8880 53 Credits from: a Form 8396 b Form 8859 c Form 8839 54 Other Some Form 8396 b Form 8859 c Form 8839 54 Other Some Form 8396 b Form 8596 b Form 8596 55 Credits from: a Form 8396 b Form 8596 c Form 8639 54 Other Some Form 8396 b Form 8596 c Form 8639 54 Other Form 8396 b Form 8596 c Form 8639 54 Other Form 8396 b Form 8596 c Form 8639 54 Other Form 8396 b Form 8596 c Form 8596 c Form 8596 c Form 8597 c Form 8599 c Form 8590 c Form 8599 c Form 8599 c Form 8599 c Form 8599 c Form 8599 c Form 8599 c Form 8599 c Form 8599 c Form 8599 c Form 8599 c Form 8599 c Form 8599 c Form 8599 c Form 8599 c Form 8599 c Form 8590 c Form	0	950. 8,656.
Credit for the elderly or the disabled. Attach Schedule R. Education credits. Attach Form 8863 Residential energy credits. Attach Form 5695 50 Foreign tax credit. Attach Form 1116 if required Child tax credit. Attach Form 1116 if required 51 Child tax credit (see page 39). Attach Form 8901 if required 52 95 Retirement savings contributions credit. Attach Form 8880 53 Credits from: a Form 8396 b Form 8859 c Form 8839 Credits from: a Form 800 b Form 800 c Fo	0. 56 57 58 59 0. 60 61 62	950. 8,656.
Credit for the elderly or the disabled. Attach Schedule R. Education credits. Attach Form 8863 Residential energy credits. Attach Form 5695 50 Foreign tax credit. Attach Form 1116 if required Child tax credit. Attach Form 1116 if required 51 Child tax credit (see page 39). Attach Form 8901 if required 52 95 Retirement savings contributions credit. Attach Form 8880 53 Credits from: a Form 8396 b Form 8859 c Form 8839 Credits from: a Form 800 b Form 800 c Fo	56 57 58 59 0 60 61 62	8,656.
Education credits. Attach Form 8863 Residential energy credits. Attach Form 5695 Foreign tax credit. Attach Form 1116 if required Child tax credit (see page 39). Attach Form 8901 if required 52 95 Retirement savings contributions credit. Attach Form 8880 Credits from: a Form 8396 b Form 8899 c Form 8899 Other credits: a Form b Form 8890 c Form 8899 Other credits: a Form 8890 c Form 8899 Other credits: a Form 8890 c Form 8899 Subtract line 56 from line 46. If line 58 is more than line 40, enter - 0- Self- employment tax. Attach Schedule SE Unreported social security and Medicare tax from: a Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5309 if required.	56 57 58 59 0 60 61 62	8,656.
Residential energy credits. Attach Form 5695 Foreign tax credit. Attach Form 1116 if required Child tax credit (see page 39). Attach Form 8901 if required 51 Child tax credit (see page 39). Attach Form 8901 if required 52 95 Retirement savings contributions credit. Attach Form 8880 53 Credits from: a Form 8396 b Form 8859 c Form 8839 Cherical Section of Form 8396 b Form 8859 c Form 8839 Add lines 47 through 55. The serve your total credits Subtract line 56 from line 46. If line 58 is more than line 46, enter - 0- Self- employment tax. Attach Schedule SE Unreported social security and Medicare tax from: a Form 4137 b Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5309 if required.	56 57 58 59 0 60 61 62	8,656.
Foreign tax credit. Attach Form 1116 if required Child tax credit (see page 39). Attach Form 8901 if required 52 95 Retirement savings contributions credit. Attach Form 8880 53 Credits from: a Form 8396 b Form 8859 c Form 8839 Cherical Street Form 8396 b Form 8859 c Form 8839 Add lines 47 through 55. The serve your total credits Subtract line 56 from line 46. If line 56 is more than line 46, enter - 0- Self- employment tax. Attach Schedule SE Unreported social security and Medicare tax from: a Form 4137 b Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5339 if required.	56 57 58 59 0 60 61 62	8,656.
Child tax credit (see page 39). Attach Form 8901 if required	56 57 58 59 0 60 61 62	8,656.
Child tax credit (see page 39). Attach Form 8901 if required	56 57 58 59 0 60 61 62	8,656.
Retirement savings contributions credit. Attach Form 8880 53 Credits from: a Form 8396 b Form 8859 c Form 8839 54 Other credits: a Form 8396 b Form 8859 c Form 8839 54 Add lines 47 through 55. The sarre your 19 at credits: 55 Subtract line 56 from line 46. If line 56 is more than line 46, enter - 0- Self- employment tax. Attach Schedule SE Unreported social security and Medicare tax from: a Form 4737 b Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	56 57 58 59 0 60 61 62	8,656.
Credits from: a Form 8396 b Form 8859 c Form 8839 54 Other credits: a Form b Form 896 b Form 8859 c Form 8839 54 Add lines 47 through 55. The searce your total credits: Subtract line 56 from line 46. If line 56 is more than line 46, enter - 0- Self- employment tax. Attach Schedigle \$E: Unreported social security and Medicare tax from: a Form 4437 b Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	57 58 59 0 60 61 62	8,656.
Other a Form b Form c Javin 55 Add lines 47 through 55. These are your total credity. Subtract line 56 from line 46. If line 56 is more than line 46, enter - 0- Self- employment tax. Attach Schedigle SE Unreported social security and Medicare tax from: a Form 44:37 b Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	57 58 59 0 60 61 62	8,656.
Add lines 47 through 55. The \$\sistem \text{pour fe(s) credity.} Subtract line 56 from line 46. If line 56 is more than line 46; enter - 0- Self- employment tax. Attach Schedigle SE Unreported social security and Medicare tax from: a Form 44:37 stall. Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5339 if required.	57 58 59 0 60 61 62	8,656.
Subtract line 56 from line 46. If line 56 is more than line 46; enter - 0- Self- employment tax. Attach Schedigle \$E. Unreported social security and Medicare tax from: a Form 44:37 b Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5339 if required.	57 58 59 0 60 61 62	8,656.
Self- employment tax. Attach Schedigle SE Unreported social security and Medicare tax from: a Form 4137 b Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5309 if required.	57 58 59 0 60 61 62	8,656.
Self- employment tax. Attach Schedigle SE Unreported social security and Medicare tax from: a Form 4137 b Form 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5309 if required.	58 59 0 60 61 62	
Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5320 if required	59 O 60 61 62	410.
Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5320 if required	O 60 61 62	410.
Advance parped income credit payments from 5329 if required	61 62	410.
	62	
Household employment to co. Attack O. J. Attack S. W. 2, box 9		
Household employment taxes. Attach Schedule H		
Add lines 57 through 62. This is your total tax	▶ 63	9,066.
Federal income tax withheld from Forms W- 2 and 1099 . 64 11,81		
soor estimated tax payments and amount applied from 2006 return		
arned income credit (EIC)	<i>(///)</i>	
vontaxable communitat payelection ▶ 66b	- <i>\(///</i> /	
XCess socialismourity and have 1 DDTA 400 VII.4 11.0		
Additional chillet av creekii/ Attach E		
mount paid with the control of the c		
mount paid with request for extension to file (see page 59).		
ayments from: a Form 2439 b Form 4136 C Form 8885 70		
ef undable credit for prior year minimum tax from Form 8801, line 27	<i>(///</i> /	
dd Ins 64, 65, 66a, & 67 through 71. These are your lotal payments	-////	
line /2 is more than line 63, subtract line 63 from line 72. This is the amount with	72	11,814.
mount of line 73 you want refunded to you. If Form 8888 is attached <u>check here</u>	. 73	2,748.
outing number	74a	2,748.
outing number		
mount of line 73 you want applied to your 2005 estimated tax 💉 75		
mount you owe. Subtract line 22 from line 63. For the talls on how to pay here page 60.	-(1111)	
surrated (ax penalty (see page 61)	16	7//////////
ant to allow another person to discuss the	<u> </u>	
X Yes Com	lete the follov	ving. No
'sname	Per	sonal ID number
Shame	ΛΩΩ /Du	DE 10500
Phone no. ▶ (708) 403-2	he best of my ki	nowledge and
Phone no. ▶ (708) 403-2	- Frepaier nas	any knowledge,
Phone no. BLOCK The privary, I declare that I have examined this return and accompanying schedules and statements, and to 1 are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whice ignature	Daytime pr	ione number
BLOCK Phone no. ► (708) 403-2 Wittes of perjury, I declare that I have examined this return and accompanying schedules and statements, and to I ginature Info Only-Do not file Info Only-Do not file	· · · · · · · · · · · · · · · · · · ·	77777777777
BLOCK Phone no. (708) 403-2 Whites of perjury, I declare that I have examined this return and accompanying schedules and statements, and to I are true, correct, and complete. Declaration of preparer (either than tax payer) is based on all information of white gradure Info Only-Do not file Signature Phone no. (a) (708) 403-2 (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		
BLOCK Phone no. Phone no		
BLOCK Phone no.		
BLOCK Phone no.	Preparer's S	SMACPTIN
BLOCK Phone no. (708) 403-2	Preparer's S	
BLOCK Phone no.	P0004	6332
BLOCK Phone no.	6332	
	stimated tax penalty (see page 61) ant to allow another person to discuss this return with the IRS (see page 61)? BLOCK BLOCK Whose of perjury, I declare that I have examined this return and accompanying schedules and statements, and to it greature, correct, and complete. Declaration of preparer (other than tax payer) is based on all information of which is return and second payers and to it greature. In food 19 to 10	stimated tax penalty (see page 61) ant to allow another person to discuss this seturn with the IRS (see page 61)? Yes. Complete the follow Phone no. Per Phone no. Phone no. Per Phone no. Phone no. Per Phone no. Per Phone no. Phone no. Per Phone no. Per Phone no. Per Phone no. Per Phone no. Phone no. Per Phone no. Per Phone no. Phone no. Per Phone no. Phone no. Phone no. Per Phone no. Phone no. Phone no. Phone no. Phone no. Per Phone no. Phone no. Phone no. Phone no.

PAYLOC FINANCE NO. EMPLOYEE NAME	02519442 12 08 00036418					
DETAIL EARNINGS	T LIPLUTEE ID PAY PERIOD SERIAL MIMPER					
WK RSC/LEV RATE CODE TVP HOUDS / DAVI	GRUSS TO NET					
C M U5 49851 120 W 2000 FFEDO						
2 M 05 49851 120 N 172 37520	GROSS PAY 153654 23573311 FROM PREV YR 526					
<u> </u>	FEU IAXS3 12594 256734					
<u> </u>	RETIRE 1 10757 1503:32 Hern VR 103:00 0					
<u> </u>						
<u> </u>	UN H 1750 21000 BALANCE 1032					
<u> </u>	10074 10074					
<u> </u>						
	CS/SS 11731 140772 FABRED THE CONTROL OF THE					
	90/33 11/31 1411/72 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	HP752 9310 107456 THIS PP 1600 #					
	ALUI					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	LEAVE WITHOUT PAY					
	THIS PP 1600 m					
	CUMULATIVE 5750					
	BOND UNAPPL BAL #ISSUED =					
	I EE NO.					
•						
NET PA	Y 813.44 NT BK 53959 35					
53959.35						

238 16-1541 PAYLOC FINANCE NO. DETAI	L AVANT EMPLOYEE N EARNINGS	NAME		CIR COILE ID	IPAY PERTON	00021131 SERIAL NUMBER
K RSC/LEV RATE C C C M O5 49851 1 C C C C C C C C	E TYP HOURS O W 4000 O N 285 O S 800 O W 3200 O N 222 O S 800 L 800 O W 3200 O N 222 O S 800 D C S S O O O O O O O O	4793 76694 344 4793 19173	THIS	GROSS TO NETS S PERIOD 202106 22043 53:22 134:21 27:95 17:50 7 9:95 500 117:31 117:31 93:10	YEAR-TO-DATE 25594:17 2787:77 664:34 1637:53 354:18 227:50 1039:35 65:00 1525:03 1167:66 1700:76	LEAVE STATUS ANNUAL LEAVE FROM PREV YR 526 EARNED THIS YR 9600 BAL 9074 USED YR 19200 THIS PP BALANCE 1074 FROM PREV YR 16516 EARNED THIS YR 4800 USED YR 17600 USED YR 17600 USED YR 17610 USED SICK LEAVE FROM PREV YR 16516 EARNED THIS YR 4800 USED YR 17610 EALANCE 37116 LEAVE MITHOUT PAY THIS PP CUMULATIVE 5750
		NET PAY	, 11	55.08		BOND UNAPPL BAL #ISSUED EE I USPS RETIREMENT 53959.35

27011/ 15/11	· · · · · · · · · · · · · · · · · · ·
238 16-1541 L AVANT	1 02510440 1
EMPLOYEF NAME	02519442 14 08 00033275
MK RSC/LEV PATE CORE	T CITEOTEE ID IPAY PERTON SERTAL MUNICE
2 M 05 COE TYP HOURS PAY	SKOSS TO NET LEAVE STATUS
5 M 6 + 7 6 2 + 1 4 2 U S 800 4793	
5 M 05 77821 120 W 3200 76694	FED TAXS3 268:58 3056:35 TRUM PREV YR 526
2 M 6 1 7 6 2 1 1 2 1 N 284 440	100-100 July 100 July
1 M 0 1770 1 1 20 H 800 1 19173	RETURE 1 13421 177176 BAL 9874
17 M 82 177821 1120 W 14000 1 95867	MEDICARE 20/32 - 1/1/4 USED YR 192/00
7 M 65 77002 1 1 2 1 N L 280 1 434	MEDICARE 30/75 384/93 THIS PP 200 WH H 17/50 245/00 245
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UN H 17:50 245:00 BALANCE 10:74
L 800 19173	CONCO FINAL STOK LEAVE &
	CS (SC 11331 1642/34 EARNED THIS VR 5200
- - 	11731 164234
	7510 1 1260/6 THIS 100
	TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR
	LEAVE WITHOUT PAY
	THIS PP
	CUMULATIVE 5750
<u> </u>	BOND UNAPPL BAL #ISSUED
	I N
NET PA	
	Y 1290.96 NT BK 53959.35
	20,27.35

238 16-1541 L AVANT	02519442 15 08 00021655						
	EMPLOYEE ID PAY PERIOR CONT.						
WK RSC/LEV RATE CODE TWO	GROSS TO NET						
2 M OF COORS PAY							
12131 33127031 1150 M 1261 0 1 86 <u>737</u>							
13 181 32 17 20 21 11 20 N 1 26 9 1 2 11 7	1						
15 11 05 149851 1120 IS 1 414 3661	1.55 (883) 214/7/ 32/11/4						
11M U5 49851 1120 W Z dad - 06394	10/14×11:303 52:55 //5891 10/15214						
11 10 U5 149851 1120 NT 352 1 2 284	RETIRE 1 13421 190595 10074 0						
M							
1 1 1 1 1 4793	UN H 1750 3/350 (ATS) PP 3/86 9						
L 386 9251	I ZOZDU I BALANCE ZIQO I M						
	11625 79:95 1199:25 SICK LEAVE 2 C0249 5:00 75:00 From From From From From From From From						
 							
	1751 175965 EARNED THIS VP 5600						
	19/33 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	7510 135386 THIS PR						
- - - 	ALUI 170076 PALAUGE (FIZ.						
	LEAVE WITHOUT PAY						
	THIS PP						
	CURULATIVE 5750 g						
	BOND UNAPPL DAL HISSUED						
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
	FE E						
USPS RETIREHENT &							

B6H (Official FCIASE) 02/05908	Doc 1	Filed 02/24/09	Entered 02/24/09	17:46:05	Desc Main
Doil (Official Form Off) (12/07)		Document	Page 35 of 39		
IN RE Avant, Leonard L				Case No.	

Debtor(s)

(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

86G (Official 1948) 09705908	Doc 1	Filed 02/24/09	Entered 02/24/09 17:46:05	Desc Main	
500 (Official Form 00) (12/07)		Document	Page 36 of 39		
IN RE Avant Leonard I			Case No.		

Debtor(s)

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

Case 09-05908 Doc 1

Filed 02/24/09 Entered 02/24/09 17:46:05 Desc Main

Document Page 37 of 39 United States Bankruptcy Court

Northern District of Illinois

IN	NRE:	Case No		
<u> ۸</u> ۷	vant, Leonard L	Chapter 7		
	Debtor(s)			
	DISCLOSURE OF COMPENSATION OF ATTORNEY	Y FOR DEBTOR		
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-nation one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to of or in connection with the bankruptcy case is as follows:			
	For legal services, I have agreed to accept	\$\$		
	Prior to the filing of this statement I have received	\$376.00		
	Balance Due	\$ 300.00		
2.	The source of the compensation paid to me was: Debtor Dother (specify):			
3.	The source of compensation to be paid to me is: Debtor Dother (specify):			
4.	I have not agreed to share the above-disclosed compensation with any other person unless they are members.	pers and associates of my law firm.		
	I have agreed to share the above-disclosed compensation with a person or persons who are not members together with a list of the names of the people sharing in the compensation, is attached.	or associates of my law firm. A copy of the agreement,		
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case	se, including:		
 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; 				
	d. Representation of the debtor in adversary proceedings and other contested bankruptey matters; e. [Other provisions as needed]			
6.	By agreement with the debtor(s), the above disclosed fee does not include the following services: Litigation/Adversary Proceedings Motions to Redeem \$400.00 Credit Education Fees			
	CERTIFICATION			
	I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for represproceeding.	sentation of the debtor(s) in this bankruptcy		

/s/ Troy L Gleason

Troy L Gleason 6276510
Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602
(312) 578-9530 Fax: (312) 578-9524
troy@chicagobk.com

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

February 24, 2009

Date

Case 09-05908 Doc 1 Filed 02/24/09 Entered 02/24/09 17:46:05 Desc Main Document Page 38 of 39

Certificate Number: 00437-ILN-CC-005177208

CERTIFICATE OF COUNSELING

I CERTIFY that on October 17, 2008		at 10:12 o clock AM MDT		
Black Hills Children's Ranch, Inc.				
an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the				
Northern District of Illinois		an individual [or group] briefing that complied		
with the provisions of 11 U.S.C. §§ 109(h) and 111.				
A debt repayment plan was not prepared If a debt repayment plan was prepared, a copy of				
the debt repayment plan is attached to this certificate.				
This counseling session was conducted by internet and telephone				
Date: October 17, 2008	By	/s/Barbara Stucker		
	Name	Barbara Stucker		
	Title	Credit Counselor		

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan. if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Case 09-05908

Doc 1 Filed 02/24/09 United States Bankruptcy Court nica States Bankruptcy Cou Northern District of Illinois

Signature:

Entered 02/24/09 17:46:05 Desc Main Page 39 of 39

(Joint Debtor)

IN RE:	Case No.
Avant, Leonard L	Chapter 7
Debtor(s)	
DECLARATION REGARDING EI Signed by Debtor(s) or Corpora To Be Used When Filing over	ate Representative
PART I - DECLARATION OF PETITIONER A. To be completed in all cases.	Date: September 9, 2008
I(We) Leonard L Avant officer, partner, or member, hereby declare under penalty of perjury that the correct social security number(s) and the information provided in the electron application to pay filing fee in installments, is true and correct. I(we) cor schedules, and this DECLARATION to the United States Bankruptcy Cour with the Clerk in addition to the petition. I(we) understand that failure to file pursuant to 11 U.S.C. sections 707(a) and 105.	nically filed petition, statements, schedules, and if applicable, usent to my(our) attorney sending the petition, statements,
B. To be checked and applicable only if the petitioner is an individual debts and who has (or have) chosen to file under chapter 7.	al (or individuals) whose debts are primarily consumer
B. To be checked and applicable only if the petitioner is an individual debts and who has (or have) chosen to file under chapter 7. I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12 relief available under each such chapter; I(we) choose to proceed under chapter 7. C. To be checked and applicable only if the petition is a corporation, I declare under penalty of perjury that the information provided in the to file this petition on behalf of the debtor. The debtor requests relies	2, or 13 of Title 11 United States Code; I(we) understand the under chapter 7; and I(we) request relief in accordance with
C. To be checked and applicable only if the petition is a corporation,	partnership, or limited liability entity.
I declare under penalty of perjury that the information provided in the to file this petition on behalf of the debtor. The debtor requests relie	is petition is true and correct and that I have been authorized f in accordance with the chapter specified in the petition.

(Debtor or Corporate Officer, Partner or Member)

Signature: